Testimony supporting SB 648 and SB 649

Julie Phillips, MD, MPH
Associate Professor, Family Medicine
College of Human Medicine
Michigan State University

Julie.phillips@hc.msu.edu

My name is Julie Phillips. I am a family doctor. I grew up in Westland, and attended both medical school and my Family Medicine residency at the University of Michigan, where I also earned a Masters' Degree in Public Health. For the last six years, I have been a faculty member at Michigan State University College of Human Medicine, where I teach medical students and residents. I am very interested in the primary care physician workforce, including the rural workforce, and have done a great deal of research on this topic. My particular focus is how medical students make career decisions, and how financial issues influence these decisions.

You may already know that Michigan suffers from a primary care shortage. There are many reasons for this shortage. We have an aging population, which has more health care needs. People are living longer with chronic illnesses, but need more intensive primary care support to manage them. Many of our primary care doctors will be retiring over the course of the next decade. As the Affordable Care Act is enacted, we expect that more people will have insurance coverage, but it will be more difficult for them to find primary care doctors.[1,2]

Shortages of primary care mean that people can't get the quality of care that they need. Their care is less well coordinated, and they get less preventive care, like cancer screening. Primary care shortages also increase costs, because when people can't see primary care doctors, they are more likely to be treated in the emergency room[3] and the hospital. States that have more primary care doctors have fewer avoidable hospitalizations and lower Medicare hospital costs.[4] They also have lower mortality rates and greater life expectancy.[5] They live longer. (This relationship between primary care access and life expectancy has also been demonstrated in other studies and other contexts.)

Primary care doctors are even more important in rural communities, because the shortage of primary care is worse in rural areas. It is not simple to determine what the "right number" of primary care physicians is for a given population, but one doctor per 1,200 patients is a commonly accepted minimum. In Michigan, most counties do not have enough primary care physicians. There is wide variation in people's access to primary care, depending on where they live. For example, in Ingham County, where I practice, there are 492 people for every primary care physician, but in Barry County, just 50 miles to the west, there are 3,992 people for every primary care physician. On average, rural U.S. communities have about 1,800 people for every primary care provider – far too many patients for any physician to care for well.[6] In these small communities, family doctors don't just do routine office care. They usually care for hospitalized patients, staff emergency rooms, and deliver babies. Rural critical access hospitals can't stay open without primary care physicians, and when a hospital closes, people often abandon these communities.

Yet even here in Lansing, many primary care practices are not accepting new patients, and most do not accept Medicaid. This affects me too. I usually cannot see patients for return visits as soon as I would like, because my

schedule fills up so quickly. This means I can't give patients the kind of care I would like. I often send patients home from the hospital, knowing that they will not be able to see a primary care doctor for their follow-up care, and there is a good chance they will be admitted to the hospital again soon. When you drive through our beautiful state, take a look at the billboards that advertise medical care. You never see primary care billboards. We don't need to advertise, because our practices are already full.

Unfortunately, primary care specialties are not very popular with medical students today, in part because specialization is much more lucrative. Only about 10% of graduating medical students are interested in primary care.[7] Most experts say that we need about half of our students to become primary care physicians for our workforce to function well. Although nurse practitioners and physician assistants fill some of this gap, there are not enough of these providers to meet the substantial need for primary care.

We have many students who are interested in primary care, but because their debt is so high, they feel that a primary care career is not really an option for them. 86% of medical students graduate with educational debt. Their average debt is $170,000 when they graduate.[8] Federal interest rates are now at 5.4% for subsidized graduate student loans, and our students often have private loans with higher rates. I am completing a qualitative study exploring medical students' perceptions of their debt, and will share one quote with you. This was written by a Michigan State student, who expects to graduate with more than $300,000 in debt:

> "It's sad to say, but I can actually remember the first time I accepted my federal loans...and how my outlook on future career path changed in an instant....I had for a long time been considering a career in primary care, but this is really no longer on the table for me... due to financial concerns."

Many students in the study shared this viewpoint – that a primary care career would be impossible for them because of their educational debt.[9] If I may direct your attention to Figure 2, you will see that above debt levels of about $150,000, students become less likely to choose family medicine careers. In this study, we evaluated the career choices of more than 130,000 physicians.[10]

Loan repayment programs can change students' minds, because they believe that a primary care career is feasible. These programs give students hope, and make them feel that society is supporting their desire to serve the community.[9] The repayment amounts for these loans should be generous, so that students understand they will make a real difference in reducing their debt.

Graduating primary care residents strongly consider loan repayment, too, when they are considering where to practice. I actually spoke with a Family Medicine resident last night, who will be graduating from our program at Sparrow Hospital this spring. She is seriously considering joining the staff of Eaton Rapids Medical Center, a rural critical access hospital with several open primary care positions. She asked me to tell you that if it was not for our state's loan repayment program, she would never have considered this opportunity.

I am confident that investment in this program will pay off for our state in the long run, by moderating health care costs and improving the health of our communities.

Thank you for your time and attention. It is an honor to speak with you and share my work and my perspective. Please e-mail me if you have any questions or would like more information.

**Figure 1: Life Expectancy and Primary Care Physician Density by State.**[5]

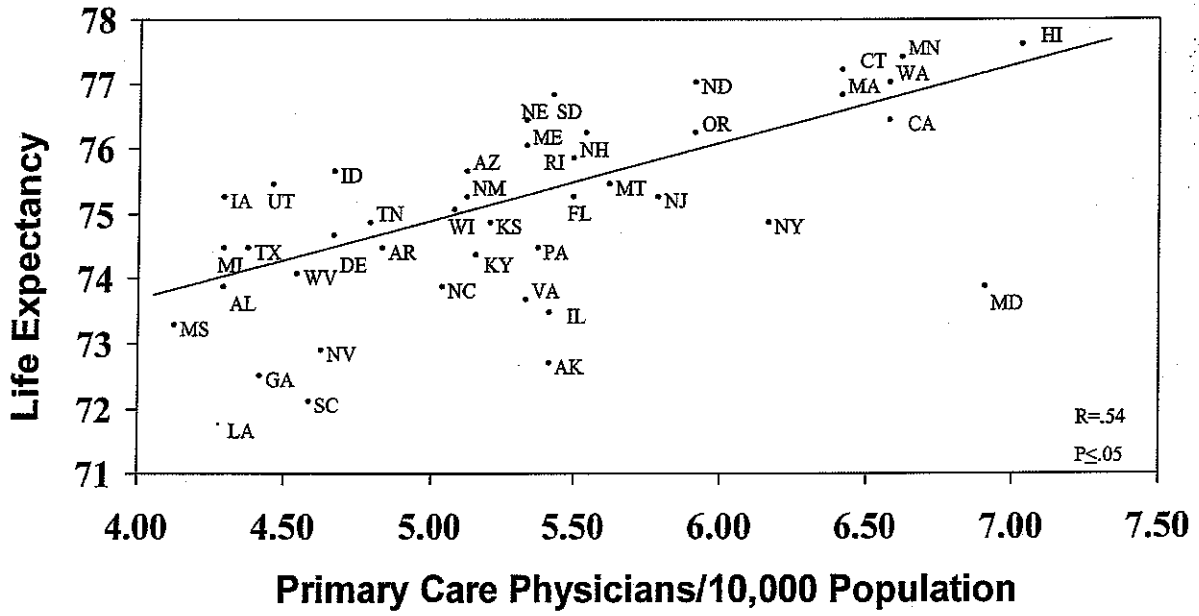



**Figure 2: Percent of 1988-2000 allopathic U.S. medical graduates practicing Family Medicine in 2010, by medical school debt level and socioeconomic status of family of origin.**[10]

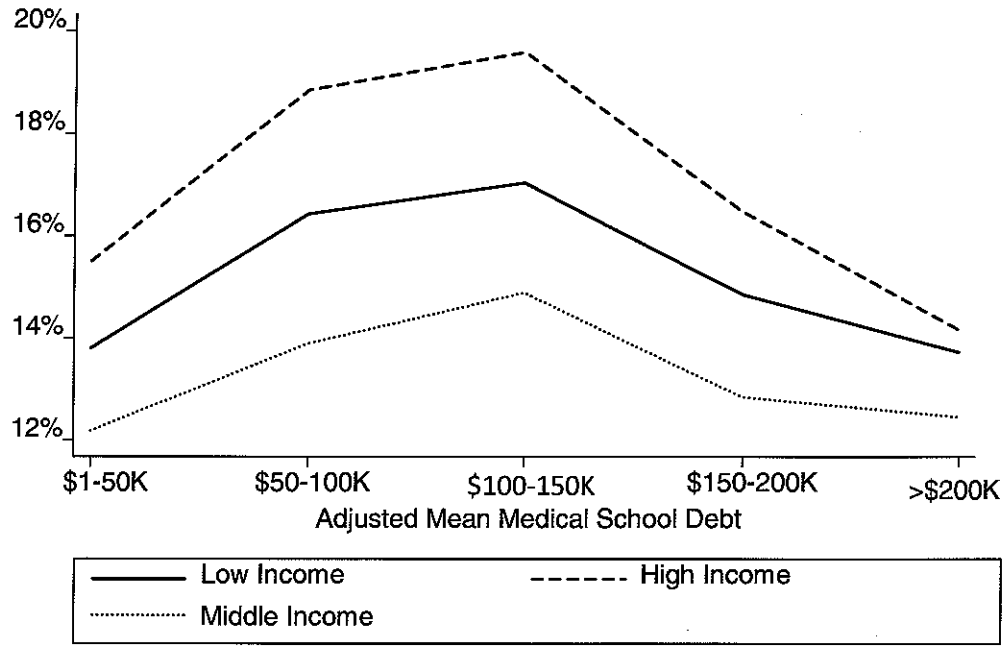
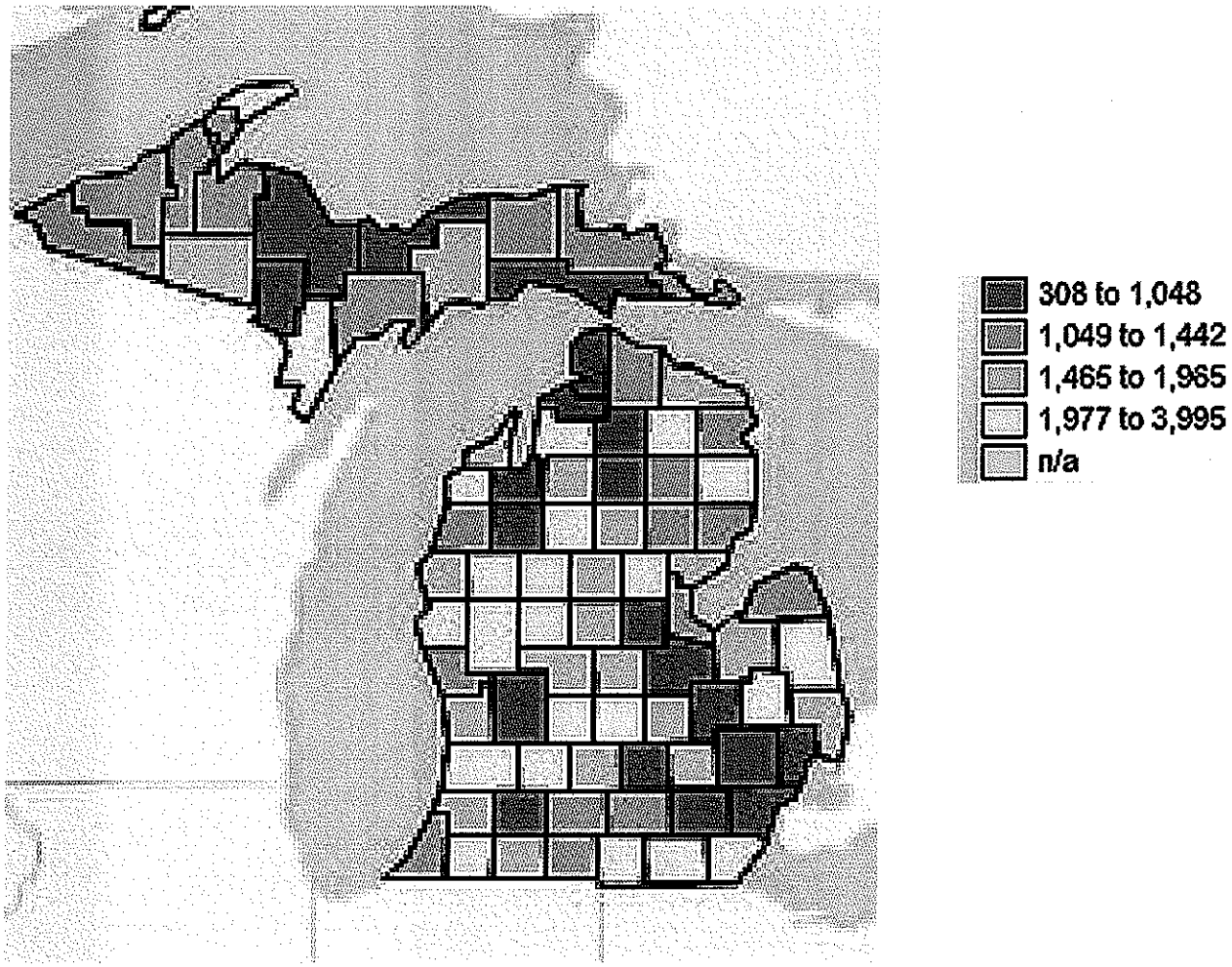


**Figure 3: Population per Adult Primary Care Physicians, Michigan, 2012.**[6]





1. Advancing Primary Care: The 20th Report of the Council on Graduate Medical Education. http://www.hrsa.gov/advisorycommittees/bhpradvisory/cogme/Reports/twentiethreport.pdf. Accessed December 3, 2013.
2. Petterson SM, Liaw WR, Phillips RL, Jr., Rabin DL, Meyers DS, Bazemore AW. Projecting US primary care physician workforce needs: 2010-2025. *Ann Fam Med.* Nov-Dec 2012;10(6):503-509.
3. Petterson SM, Rabin D, Phillips RL, Jr., Bazemore AW, Dodoo MS. Having a usual source of care reduces ED visits. *Am Fam Physician.* Jan 15 2009;79(2):94.
4. Chetty VK, Culpepper L, Phillips RL, Jr., et al. FPs lower hospital readmission rates and costs. *Am Fam Physician.* May 1 2011;83(9):1054.
5. Shi L, Starfield B, Kennedy B, Kawachi I. Income inequality, primary care, and health indicators. *J Fam Pract.* Apr 1999;48(4):275-284.
6. Primary Care Physician Mapper. 2012; http://www.graham-center.org/online/graham/home/tools-resources/npi.html. Accessed December 3, 2013.
7. Hauer KE, Durning SJ, Kernan WN, et al. Factors associated with medical students' career choices regarding internal medicine. *JAMA.* Sep 10 2008;300(10):1154-1164.
8. Youngclaus J et al. Physician Education Debt and the Cost to Attend Medical School. *American Association of Medical Colleges,* 2013.
9. Phillips J., D. Wilbanks, D. Salinas, D. Doberneck. Debt, Income Potential and Career Decision Making: A Qualitative Exploration of Medical Students' Perspectives *North American Primary Care Research Group Annual Meeting*. Ottawa, Canada, 2013.
10. Phillips JP, S. Bazemore, A. Phillips, R. A Large Retrospective Multivariate Analysis of the Relationship Between Medical Student Debt and Primary Care Practice in the United States. *North American Primary Care Research Group*. New Orleans, Louisiana, 2012.